

Information Form

Relationship (Select one): Married Single Widow Divorced

Date of Divorce or Death: ___/___/___

Estimated Monthly Retirement Income Budget: _____

CLIENT

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: M F Life Expectancy Age: _____

SPOUSE

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: M F Life Expectancy Age: _____

At what age do you plan on starting Social Security? Client: _____ Spouse: _____

What is the monthly **Primary Insurance Amount** (Estimated Benefit at Full Retirement)?

Client: _____/month Spouse: _____/month

Directions to get your **Primary Insurance Amount** (Full Benefit Amount on Social Security Statement)

- Go to <http://www.ssa.gov>
- Click the "BENEFITS" tab and under "Manage" – click on "Check your information or benefits"
- To "Create an Account" open "*my Social Security*" link
- Create an account if you are new user (you will need a valid E-mail address, a Social Security Number, U.S. mailing address, and be 18 years of age or older)
- Write the "Estimated Benefit at Full Retirement" in the appropriate boxes above
- Print and save (PDF) full statement. Bring a hard copy to the meeting. Save for your records.

Email Address: _____ (To Send Report)

Phone number to contact if there are questions: _____ Cell Home

Do you have a "Non-Covered Pension" (*this is not common*)? Yes No

This applies to some federal, police, ministerial, teachers, and other public employees.

If YES	Client	Spouse
Monthly Pension	\$ _____	\$ _____
Pension Start Date	___/___/___	___/___/___
Pension Growth Rate	_____ %	_____ %

The purpose of the Social Security Analyzer software and related information is to educate and give general guidance to help craft a personalized approach to taking Social Security. This information should not be taken as legal, financial or tax advice. Social Security Solutions, Inc. is not affiliated or endorsed by the Social Security Administration.